

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S)

CLAIMS

.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		.
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						
2		/					
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49							
50							
TOTAL IND.	1						
TOTAL DEP.	21						
TOTAL CLAIMS	22						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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52								
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TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS